

Contents . . .

Reauthorization of IDEA 2004	3
Swap 'n Shop	3
Strategies to Use if Your Child is Visually Impaired	4
Questions About Your Child's Program	5
Planning for Next School Year	6
Summer Safety Tips	6
Parent Resources: Workshops & Trainings	7
Non-Emergency Medical Transportation	7

Parent Focus

June 2006

Switch Activation – Success and Independence

By Karen Wells, Supervisor for Instruction

Melissa wants to listen to a tape on her tape player. It is time for Andy's favorite TV program, but the television is not turned on. Katy's mom is making a cake for a birthday party and would like for Katy to help mix the cake batter. Juan wants to play a game on the home computer. The simple act of turning on these appliances and participating in activities is not a problem for most people. However, this could be a major problem for individuals with disabilities.

Fortunately, there is a simple solution to this problem – switch activation. By plugging a switch directly into an adapted appliance, or by connecting a switch and the appliance into a PowerLink 3 control unit, a user can independently activate and operate a variety of household and leisure appliances. The use of switches has proven to be beneficial in providing independence for many people with disabilities in all settings. Switch use is a skill taught to most students with severe disabilities and can be easily generalized for use in the home.

PowerLink 3 control unit

This connector box makes it possible for people to operate appliances and toys using a switch. Available through AbleNet, this unit has outlets for appliance plugs and ports for switches. The process is very simple – first, the appliance or toy is plugged into the unit. Next, the switch is plugged into the unit. Then, once the unit is plugged into an electrical wall outlet, everything is ready to go. The user can activate and operate the appliance or toy as he or she chooses. There is also the option of turning on two appliances in sequence or at the same time. The unit has three settings for modality options:

- **Latched** is used when operating an appliance that needs to remain on until the user wants to turn it off. Once the switch is activated, the item will stay on until the switch is touched again.
- **Direct** (momentary) is used when continuous touch is desired to operate a toy, computer or small appliance. The child must apply continuous pressure to the switch in order to use the item. Once the switch is released, the appliance will stop.
- **Timed** is used for a child to be able to touch a switch, release it and continue to have the appliance or toy operate for a preset number of seconds or minutes.

Cordless switches

Another great option for switch users is to go wireless. Many types of switches are available in wireless versions that come with a receiver. When the switch is pressed, it transmits a signal to the receiver that activates the adapted toy, appliance, device or computer-switch interface system. Both the switch and receiver are usually battery operated. This type of switch can be used as far as 25 feet from the item.

Battery-operated appliances and toys

If the appliance or toy is battery-operated, small adapters are available at Radio Shack. These adapters have one end that allows a switch to be attached, and the other end has a small piece that fits on top of the battery. This is a simple and inexpensive way to adapt any battery-operated toy or household appliance for switch access.

Switch-accessible appliances and toys

Another option when setting up a switch system in your home is to purchase items already equipped for switches. Many compact disc players, tape players, small fans, toy cars and plush animals are already switch accessible – all that needs to be done is to plug the switch directly into the item. These switch-accessible toys and appliances are available for purchase from Enabling Devices, Radio Shack and other companies.

When deciding on the need for switch use in the home, remember that providing the opportunity for your child to operate toys, leisure activities, simple cooking appliances and computers gives independence and success that will stay with your child for years to come. Increased independence and choice-making relieves you of the need to do everything for your child at home. ➡

Parent Focus

June 2006

State Schools for
Severely Handicapped
P.O. Box 480
Jefferson City, MO 65102-0480

Barbara Stevens,
Interim Superintendent



The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-751-4212.

Information concerning other available resources, programs, etc., is not to be construed as an endorsement by State Schools for Severely Handicapped for any specific product, organization, or philosophy.

Switch Types Available for Purchase

Determining the most appropriate type of switch for a user is extremely important. A switch can be activated in many different ways, including the touch of a hand, the very slight movement of a hand, movement of the head, the blink of an eye, a light squeeze or hard squeeze of the hand, movement of a finger, or a puff of air. The different types of available switches reflect solutions for a broad range of disabling conditions. Some of the most commonly used switches are:

- **Pressure switches** – Dependent upon a person's needs, there are a variety of switches in different sizes, shapes and textures that require light touch or movement to activate.
- **Round and flat pressure switches** – Dependent upon the size required, these switches – commonly known as Big Red switches – have a touch area of 1.5 inches to 4 inches and are recommended for users who can use their hand or head to apply pressure that activates the switch. This type of switch could be mounted and positioned up by the person's head if necessary.
- **Plate switches** – These square switches provide a larger area for the user to touch, with sizes ranging from 3 inches by 5 inches to 5 inches by 8 inches. These switches typically require a very light touch to activate.
- **Wobble switches** – These switches are designed to be used by even the most profoundly challenged or neurologically impaired individuals. This switch is mounted on a chair, table or wheelchair with a universal clip and a gooseneck. The switch is on the end of the gooseneck and is positioned by the child's head so that the slightest movement of the head activates the switch.
- **Pillow switches** – These switches are soft, pliable and ideal for people with limited head and limb movements. This unique switch is encased in foam and covered with a soft bag, which can be easily removed and washed. Pillow switches are typically attached to a gooseneck mounting system and positioned near a user's face or head, but they can also be activated by the touch of a hand.
- **Grip switches** – These switches are small and tube shaped, and they can be easily activated when a user lightly grasps the switch.

Setting up switch activation in your home can be quite simple and relatively inexpensive. Some items can be purchased from your local Radio Shack. Other items can be purchased from companies online or through their catalogs. Two companies that supply this type of equipment are:

- ▶ **Enabling Devices** – Call (800) 832-8697 or visit <http://www.enablingdevices.com>.
- ▶ **AbleNet** – Call (800) 322-0956 or visit <http://www.ablenetinc.com>.

If you are interested in obtaining additional information on switches or other available equipment, contact either of these companies, and they will send you the appropriate catalog.

A Practical Application of Switches in the Home

By John Palmer, Supervisor for Instruction

There was a young girl we used to serve who was nonverbal with multiple disabilities. She learned a variety of applications for switch activation at school, starting with toys and advancing to communication devices and computer access. When her mother saw how the girl touched a big round switch to turn on a cassette player, the mother immediately got an idea.

This mother was frequently in the kitchen cooking and cleaning. She felt that the kitchen was cramped and dangerous, and she would not allow her daughter in the kitchen to help or watch. The young girl would usually lie on the floor or sofa with pillows or a bolster if not in her wheelchair. The mother would call to her in the living room or check on her occasionally, but the daughter had no way to respond or get her mother's attention.

The family purchased a remote appliance switch unit from Enabling Devices. The mother plugged the receiver into a kitchen outlet that powered a radio on the counter. The daughter had the switch in the living room and could use it to turn on the radio when she needed to change position or get her mother's attention.

Reauthorization of the Individuals with Disabilities Education Improvement Act of 2004

By Merv Blunt, Central Office

There have been two changes in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) that have had a positive impact for parents regarding Individualized Education Program (IEP) procedures and processes. One reduces the need for IEP meetings, and the other provides more specific educational information about the student.

IEP meetings

When making changes to a student's IEP after the annual meeting for a school year, the parent of a student with a disability and the Local Education Agency (LEA) can agree not to convene another IEP meeting. Instead, they can develop a written document to amend or modify the student's current IEP. Upon request, the parent will be provided a revised copy of the IEP with the amendments incorporated.

The amendments to the IEP must document:

- 1) the date of the annual meeting
- 2) the date of the agreement to amend the IEP

- 3) the date the amendments are to be implemented
- 4) names of the individuals participating in the amendment
- 5) how the agreement was made.

Present Level of Academic Achievement and Functional Performance

(This is the new name for the present level.) The second change to IDEA 2004 is the identification of required categories to be addressed in the present level. The present level must include the following:

- 1) how the student's disability affects his or her involvement and progress in the general-education curriculum
- 2) student strengths
- 3) concerns of the parent or guardian
- 4) changes in the functioning of the student since the prior IEP
- 5) a summary of the most recent evaluation/reevaluation
- 6) a summary of the MAP-A results.

Swap 'n Shop

Missouri Assistive Technology maintains a listing of equipment that consumers might like to buy, sell, trade or donate. The types of equipment listed include adapted vans, manual and power wheelchairs, recreational items, and other assistive devices.

Swap 'n Shop is a person-to-person exchange program. Buyers and sellers are responsible for any purchases or sales that take place as well as determining the condition of equipment and its appropriateness. Buyers and sellers are also responsible for all arrangements to transport equipment. Missouri Assistive Technology will not be responsible for any negotiations that occur between buyers and sellers.

Missouri Assistive Technology contacts those who list equipment approximately every three months to see if the equipment has been transferred. Anyone listing an item must provide the following

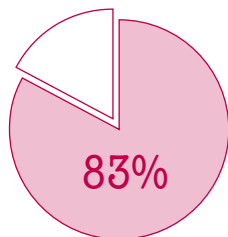
information:

- name, address and phone number
- description of the equipment
- whether you want to sell, donate or buy equipment
- the asking price (if selling).

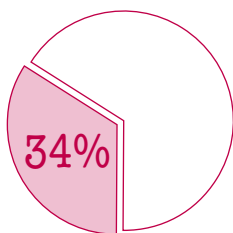
For more information, contact Missouri Assistive Technology, 4731 S. Cochise, Suite 114, Independence, MO 64055-6975. Call (816) 373-5193, toll-free at (800) 647-8557 or (800) 373-8558 (TTY), or send an e-mail to gmpkr@swbell.net.

To view items available for sale, go to Missouri Assistive Technology's Web site at <http://at.mo.gov>. Click on Swap 'n Shop to find to the equipment-listing page, which is updated periodically throughout the month. The Web site also links to equipment-exchange programs in neighboring states.

State Schools' Statistics



of students' IEP goals are mastered



of students receive special health care procedures during the school day

36 State Schools	168 Classrooms
168 Teachers	330 Aides
1,041 Students	

Strategies to Use if Your Child is Visually Impaired

Compiled from information provided by teachers at Mapaville, Boonslick, Special Acres and Autumn Hill State Schools

The March 2006 Staff Highlights newsletter shared with the SSSH staff a number of strategies that classroom teachers have been using successfully with students who are visually impaired or blind. In fact, many of these strategies are equally applicable to other children. If your child is visually impaired or blind, his or her teacher can give you guidance on the best distance to position objects so that your child can focus on them. The teacher can also let you know whether your child seems to have more sight in one eye than the other and can show you any devices being used in the classroom with your child.

GENERAL STRATEGIES

- ▶ Position books, artwork, toys and computer screens at the best distance for your child's residual vision.
- ▶ Present objects with a plain background. Black is commonly used, but you can try other colors to see which works best for your child.
- ▶ Show only one item at a time to allow your child to focus on and process it. Limit distractions and the number of materials close to your child.
- ▶ Darken the room to make any lighted or shiny items show up.
- ▶ Use a lightbox and place objects on the surface so your child can focus on them. Colored paper or material can be placed on the flat surface of the lightbox under an object to highlight it.
- ▶ Keep items around the home – trash cans, furniture, etc. – in the same locations.
- ▶ Give clear verbal information and directions at all times. When traveling in the community, tell your child where you are on the journey and which location you've reached. Tell your child, "We're just pulling up to the drive-through," or "We're going to order our food now."

EATING

- ▶ Raise your child's plate higher off the table so that he or she can focus on the food. The plate can be fastened with Velcro to a bolster that lies on a non-slip rubber pad on the table.
- ▶ Use colored backgrounds on the table to make the cup and plate stand out. For example, use a black placemat and a yellow plate for the best contrast.
- ▶ Teach your child to look or feel for the flatware, plate and cup to self-feed. Put your child's drink in the same location each meal.
- ▶ Explain what is on the plate to eat and/or guide your child to the location of each food item.
- ▶ Let your child eat and drink as independently as possible using adapted equipment and eating finger foods.

BATHROOM SKILLS

- ▶ Have your child stand against the bathroom sink for orientation on the location of the faucets, soap and towels.
- ▶ Let your child use sight and/or touch to wash his or her hands and face, or to brush his or her teeth.

MOBILITY

- ▶ Teach your child to understand directions, including left and right, turn around, and go forward.

- ▶ Help your child to listen for the sounds of people and objects. This allows your child to know where he or she is at home or in the community.
- ▶ If your child is ambulatory, point out how different surfaces feel when walking. Compare a concrete path to grass at the park, or compare a carpeted living room to a tiled bathroom. This helps your child identify his or her location in the home or out in public.
- ▶ People with little residual sight can move around easily by lightly touching a sighted guide's elbow.
- ▶ Some schools have developed adaptive mobility devices often made from PVC piping. These are helpful for ambulatory people who need to develop confidence in moving around independently. Ask your child's teacher to show you a model.

ATHLETIC EQUIPMENT

- ▶ Children who like to play catch can use beeper balls, which emit an electronic beeping sound. This equipment can be purchased from FlagHouse Inc., 601 FlagHouse Drive, Hasbrouck Heights, NJ 07604-3116. Call **(800) 793-7900** or visit <http://www.flaghouse.com>. Prices for the BOOM'R Beeper Balls are \$94.50 for a 6-and-1/4 inch diameter and \$115.95 for an 8-and-1/4 inch diameter. FlagHouse also sells audible ringing athletic balls and Rubberlite Jingle Balls at prices in the \$10 to \$20 range.

READING MATERIALS

- ▶ Tactile books, large-print children's books, books on tape and descriptive videos can be borrowed for free from the Wolfner Library for the Blind and Physically Handicapped. These items must be returned after a period of six weeks. This library service is available to all Missouri residents who meet the blind or visually impaired criteria or have a physical handicap that makes it difficult to read books.
- ▶ The library also loans out other accessories, including cassette machines for playing books on tape. These may be kept indefinitely if you borrow at least one item every year. For more information, call toll-free in Missouri at **(800) 392-2614, (800) 347-1379 (TDD), (573) 751-8720** in Jefferson City or outside Missouri, or visit <http://sos.mo.gov/wolfner>.

Questions About Your Child's Program

State Schools has a chain of command for dealing with questions that arise at the school level. It is strongly recommended that parents follow this process when trying to resolve any situation.

The vast majority of problems or complaints can be solved with relative ease at the local level, and teachers, nurses and building administrators should be given the opportunity to work with you. Please keep the following information in mind:

- The first person to contact is the classroom teacher regarding anything related to the instructional program, your child's feeding or bathroom needs, behavioral concerns, etc. You can maintain contact with the classroom teacher through written notes or phone calls. Calling between 8:15 and 8:45 a.m. is the most convenient time to speak with a teacher and not remove him or her from the classroom. You can also leave messages for the teacher with the school secretary.
- Ask for the school nurse if you have questions related to health, medications or diet. At some of the smaller schools, the nurse is only available one or two days per week but will return your call on the next visit.
- If the teacher or nurse cannot adequately answer your question, call or write to the school building administrator. This is also the person to contact if you have questions about the transportation program related to routing, pick-up and drop-off times, or the behavior of bus personnel. The building administrator can also answer questions about service personnel (therapists) and home school coordinators.
- If you are not satisfied with the responses provided by any of the school personnel, you should contact the area director for your child's school. The building administrator can give you the director's name and phone number. The director will research the situation and work with you and the school to resolve your concern.
- In the event that you are not happy with the outcome suggested by the area director, contact Central Office and provide a brief outline of the situation so you can be directed to the best person to assist you. If you contact Central Office without following the outlined steps, your question will probably be referred back to the school and the area director.

Planning for Next School Year

In May, you received a mailing from your child's school that included various forms you have been asked to complete and return before the start of the 2006-07 school year. During the summer, please visit your child's physician and have the medical forms signed.

The school has enclosed all forms relevant to your child's needs, and you should have received all or most of the following items. If you have questions, please contact your school building administrator or school nurse.

Doctor's Physical Examination Report

- It is important for the school to be kept up-to-date on your child's health so that staff can provide any necessary health care, as well as educational instruction, without any negative side-effects.

Parent Authorization for Special Health Care/Physician's Order and Approval of Special Health Care Procedure and Special Health Care Procedure

- This information is necessary so that appropriate training can be provided to the staff responsible for conducting your child's special health care procedures. Since your child's health care needs can change, it is important that any changes in your child's special health care procedures be shared with the school so that appropriate care is given to your child as ordered by a physician.

Medication Order

- Neither staff nor the school nurse will be allowed to give prescription or over-the-counter medication to your child without a medication order. This order ensures that your child will receive

the appropriate medication for his or her condition as deemed necessary by your child's physician.

Therapy Authorization and Parent Consent Form

- This form is required for any student whose Individualized Education Program (IEP) includes physical, occupational or speech therapy.

Medical Statement for Students Requiring Special Meals

- The federal lunch program requires that any special diet is to be ordered by your child's physician.

Emergency or Illness Form

- Having this information is vital should there be an emergency with your child while at school or during bus transportation.

Consent Form

- If this form is not completed, your child will not be allowed to participate in off-campus instruction.

Parent Designation of Approved Pick-up and Drop-off Locations for Students

- This form is important for providing bus personnel and the school with alternate addresses where your child can be dropped off if you are unable to be home to meet the bus. You can update this form at any time during the year, and you may enter several alternate addresses of family members or friends. Phone numbers also should be updated if they change.

Free Lunch Application Letter and Application

- This should be completed by families that are eligible for free or reduced-price lunches.



Summer Safety Tips

Compiled from information provided by Ellen Hager, Registered Nurse, Shady Grove State School; and the American Academy of Pediatrics

With the warm summer weather arriving, there are now more fun activities that families can enjoy together. If you are going to be outside during the summer, remember these safety tips:

- Wear light-colored and lightweight clothing for one layer, with a hat or sports cap that gives three inches of cover over the face and sunglasses that block 99 to 100 percent of ultraviolet rays.
- Drink lots of water to keep from becoming dehydrated. If children are involved in prolonged exercise, they should drink between 5 and 9 ounces of tap water or flavored sports drink every 20 minutes.
- Avoid being in the sun between 10 a.m. and 2 p.m. This is when the sun's ultraviolet rays are most harmful. If there is high heat and humidity, restrict all outdoor activity between 10 a.m. and 4 p.m. Stay mainly in the shade and limit intensely active exercise.
- Apply sunscreen with a sun protection factor (SPF) of 15 or higher. This should be applied 30 minutes before exposure to the sun and subsequently reapplied every two hours. Applying sunscreen is advisable even on cloudy days because the sun's rays penetrate the clouds.
- Use a water-resistant sunscreen if swimming, or reapply regular sunscreen upon leaving the water.
- Keep life jackets on children when boating, swimming or fishing. Stay together as a group. Don't let one person go off alone.
- Avoid bites from ticks and mosquitoes by using an approved insect repellent on exposed areas of skin and clothing. The best protection comes from products that contain 30 percent N,N-diethyl-m-toluamide (DEET). Using protection from insect bites is important when hiking or camping.
- Turn over any containers around the yard – buckets, pans, old tires, etc. – that might hold standing water. Stagnant water could provide a breeding ground for mosquitoes.

PARENT RESOURCES

MPACT Training for Parents

St. Louis Regional Center
3101 Chouteau, St. Louis

- June 14 – *IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes)*
9 a.m. to 3 p.m.

Barry-Lawrence Library
202 S. Jefferson Ave., Aurora

- June 15 – *IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes)*
9:30 a.m. to 4 p.m.

Show Me for the Kids Conference
3050 Green Mountain Drive, Branson

- June 22 – *IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes)*
8:45 a.m. to 3:30 p.m.

Central Missouri Regional Center
1716 Four Seasons Drive, Jefferson City

- June 29 – *The Art of Effective Advocacy*
1 p.m. to 4 p.m.

- July 27 – *Bullying*
9 a.m. to noon
- July 27 – *Special Education Law*
1 p.m. to 4 p.m.
- Aug. 31 – *Disagreement Resolution Processes*
1 p.m. to 4 p.m.

Regional Center
1515 E. Pythian, Springfield

- July 15 – *IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes)*
9:30 a.m. to 4:30 p.m.

Center for Human Services
1500 Ewing St., Sedalia

- Aug. 3 – *Understanding the IEP Process*
9 a.m. to noon
- Aug. 3 – *Disagreement Resolution Processes*
1 p.m. to 4 p.m.

(For more details, call (800) 743-7634 or visit their Web site at <http://www.ptimpact.com> and select training.)

Non-Emergency Medical Transportation

The purpose of the non-emergency medical transportation (NEMT) program is to provide transportation for eligible Medicaid/MC+ recipients who do not have free appropriate transportation to and from scheduled Medicaid/MC+ appointments.

These appointments include visits to Medicaid doctors and clinics, but they do not include pharmacy visits. If your child is under the age of 21, needs to be away from home overnight to attend a medical appointment and someone must go along to help, NEMT will cover the cost for one adult to travel with the child. Other family members would not be included.

If you have a medical emergency and need transportation, call 911 or your local emergency phone number. NEMT is not for emergency situations.

Setting up an appointment

Call the 24-hour toll-free number at (866) 269-5927. Be prepared to wait to have your information taken. Spanish interpreters are available upon request. Arrangements through

NEMT must be made at least three days in advance of the appointment. Your child must be accompanied while traveling.

When contacting NEMT, be prepared to provide:

- the patient's name, address, phone number and Medicaid/MC+ identification number.
- the name, address and phone number of the doctor or health care provider.
- the time and date of the appointment.
- that an adult will accompany the patient.
- whether your child uses a wheelchair or has other transportation needs.

Where is my ride?

If your ride is more than 15 minutes late, call either (866) 269-5944 or (866) 269-5435.

For questions about the NEMT program, call recipient services at (800) 392-2161.

Visit http://www.dss.mo.gov/dms/recipients/pdf/nemt_recip.pdf for a downloadable document with more details.

(Si usted no habla inglés, llamada (800) 874-9426 a pedir ayuda.)



Beliefs of State Schools for Severely Handicapped

- | | |
|--------------|---|
| Number One | All students learn. |
| Number Two | High expectations promote student achievement. |
| Number Three | Skill acquisition and application can be measured. |
| Number Four | Everyone has the right to be treated with dignity and respect. |
| Number Five | Each individual has the responsibility to positively influence community attitudes regarding people with disabilities. |
| Number Six | Skills, teaching materials and instructional settings must promote consistency with the student's chronological age, interests and abilities. |
| Number Seven | Skills learned must be functional to the person outside the school setting. |
| Number Eight | All students communicate, and all communication has meaning. |
| Number Nine | All behaviors serve a purpose. |
| Number Ten | Parents, staff and community have an instrumental role in the lives of students. |

STATE SCHOOLS FOR SEVERELY HANDICAPPED
Missouri Department of Elementary and Secondary Education
Web site: <http://dese.mo.gov/divspeced/stateschools>

NOTE: If you have items of interest for Parent Focus, please call (573) 751-0706 (Missouri Relay (800) 735-2966) or forward them to Stephanie Brooks, State Schools for Severely Handicapped, P.O. Box 480, Jefferson City, MO 65102-0480; e-mail: stephanie.brooks@dese.mo.gov.